

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 20

## 1. PLACE OF DEATH:

County HOWARDCity or town HARWOOD PARK - RURAL  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County HOWARDCity or town HARWOOD PARK - RURAL  
(If outside city or town limits, write RURAL and give nearest town)Street No. 7000 BEECHFIELD AVE  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

HATTIE V BROOKS

## 3. (b) Social Security Number

213-12-8362

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FEMALE WHITE WIDOWED8. (b) Name of husband or wife late FRED A. BROOKS

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 22, 18838. AGE: Years Months Days If less than one day  
65 9 0 hrs. min.9. Birthplace FREDERICK, MARYLAND  
(Town, county, and state)10. Usual occupation SALES LADY11. Industry or business JULIUS GUTMAN & CO12. Name FRANK RIDENOUR13. Birthplace FREDERICK, MD14. Maiden name ELLA MOORE15. Birthplace FREDERICK, MD18. Informant Mrs MARY HOODAddress 7000 BEECHFIELD AVE HARWOOD PK17. BURIAL Date thereof NOV 25 '48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory LOUDON PARKLocation 3801 FREDERICK AVE18. Funeral director Nancy H. WitzkeAddress 4101 Elmwood Ave19. Nov 23 48 at W. Hedden  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 22, 1948 at 7:10 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 22 1948 to Nov 22 1948 and that I last saw her alive on at noon 19

Immediate cause of death

Pulmonary edema

DURATION

10 yrsDue to hypertension, cardioDue to vascular disease 10 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Alpha N. Herbert M.D.  
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or otherAddress Edmont city Md Date signed 11-22-48

Evidence for change of  
age shown on:

FILE No. G 118 NOV 30 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard

City or town Ellicott City, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? October 31, 1948

Hospital, institution, or street address where death occurred:

Pinel Clinic, Ellicott City, Md

How long in hospital or institution? SINCE October 31, 48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland, County Cecil Co.

City or town Rising Sun Md.  
(If outside city or town limits, write RURAL and give nearest town)

Street No.  
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

3. (a) FULL NAME

George P. Connelly

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife Nannie L. Connelly

6. (c) If alive, give age 67 years

7. Birth date of

deceased (mo., day, yr.) May 19, 1874

8. AGE:

Years

Months

Days

If less than one day

74 75

6

-2

hrs.

min.

9. Birthplace

Lenoir, N. C.  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Oneil James Connelly

13. Birthplace

N. C.

14. Maiden name

Emily Harris

15. Birthplace

N. C.

16. Informant

Address

Mrs George Connelly  
Rising Sun Md.

17.

Burial  
(Burial, cremation, or removal. Which?)

Date thereof

Nov 24 1948  
(month) (day) (year)

Cemetery or crematorium

Brookview

Location

Rising Sun Md.

18. Funeral director

Address

J. E. Tyson  
Rising Sun Md.

19.

Dec. 22, 1948  
(Date rec'd by registrar)

19

48

John B. Longman, Jr.  
Reg. B. E. L.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 22, 1948, at 2:40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 31, 1948, to NOVEMBER 21, 1948

and that I last saw him alive on November 21, 1948

Immediate cause of death

Hypostatic Pneumonia

DURATION

Due to

Cardiac decomposition

Due to

Cardiovascular disease

Other conditions

Cerebral Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Irving J. Taylor, M.D.

M. D. or other

Address

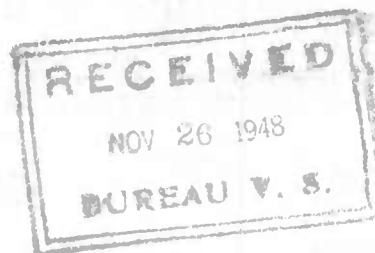
Date signed

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11517 193

## 1. PLACE OF DEATH:

County..... Howard  
 City or town..... Poplar Springs  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 27 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Howard  
 City or town..... Poplar Springs  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Rural --Mt. Airy  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

WARREN HERBERT

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Gertie E. Herbert  
 6. (c) If alive, give age 60 years  
 7. Birth date of deceased (mo., day, yr.) Feb 'Y 26, 1874  
 8. AGE: Years 74 Months 8 Days 19 If less than one day hrs. min.

9. Birthplace Howard Co. Maryland  
 (Town, county, and state)  
 Laborer  
 10. Usual occupation  
 11. Industry or business  
 12. Name John Herbert  
 13. Birthplace Maryland  
 14. Maiden name Sarah Warfield  
 15. Birthplace Maryland

16. Informant Mrs. Gertie E. Herbert  
 Address Mt. Airy, Md.

17. Burial 11-17-48  
 (Burial, cremation, or removal, which?) Date thereof (month) (day) (year)  
 Church Of God  
 Cemetery Winfield, Carroll Co. Md.  
 Location  
 18. Funeral director C. M. Waltz  
 Address Winfield, Md.

19. 11-17-48 48 S. Blackman Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 48 4A  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 48 to Nov 15 48  
 and that I last saw him alive on at no time  
 Immediate cause of death Coronary myocarditis  
 DURATION 5 yrs  
 Due to  
 Due to  
 Other conditions Pulmonary edema 1-hr  
 (Include pregnancy within 3 months of death)

Major findings of operations.  
 Date of op.  
 Autopsy results.  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide. m Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Alpha N Herbert M.D.  
 DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other  
 Address Ellicott City, Md Date signed 11-15-48

RECEIVED BY THE BUREAU OF INVESTIGATION

RECEIVED BY THE BUREAU OF INVESTIGATION

*Handwritten:* [Illegible]

ANTHONY LEONARD

HEAD CONTENT

RECEIVED

NOV 19 1948

BUREAU V. B.

*Handwritten:* 84 - 71

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 194

## 1. PLACE OF DEATH:

County Howard  
 City or town Ellicott City  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Howard  
 City or town Clarksville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Franklin Seaver Kendall

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married  
 8. AGE: Years 75 Months 4 Days 23 If less than one day  
 10. Usual occupation Retired  
 11. Industry or business  
 12. Name Benjamin F. Kendall  
 13. Birthplace Mass  
 14. Maiden name Elizabeth A. Sargeant  
 15. Birthplace England  
 16. Informant Mrs. F.S. Kendall  
 Address Clarksville, Md  
 17. Burial Date thereof 11-8-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory St. Marks  
 Location Highland, Md  
 18. Funeral director F.C. Higginbotham  
 Address Ellicott City, Md.

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 6, 1948 19 12.10A  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 14 19 46 to Nov. 5 19 48  
 and that I last saw him alive on Nov. 5 19 48  
 Immediate cause of death  
 DURATION  
acute cardiac failure 24 hrs  
 Due to arteriosclerotic heart 5 yrs  
disease  
 Due to generalized arteriosclerosis 20 yrs  
 Other conditions benign prostatic 5 yrs  
hypertrophy  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Charles S. Whitaker, M.D.  
 Address Clarksville Date signed 11-8-48  
 Registrar Marie A. Whitaker

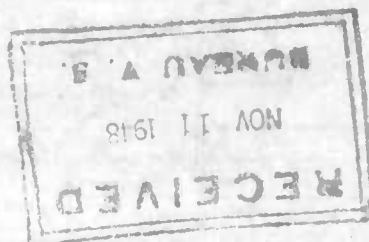
19. 11-8-48 19 11-8-48  
 (Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





## CERTIFICATE OF DEATH

Registered No. 191  
11519

## 1. PLACE OF DEATH:

- (a) Baltimore City, Maryland  
 (b) Street address Simpsonville, Howard Co., Md.  
 (c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Md. (b) County Howard  
 (c) City or town Simpsonville,  
 (If outside city or town limits, write RURAL and give town)  
 (d) Street No. (If rural give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

## 3 (a) FULL NAME

FREDERICK

LANG

3 (b) If veteran, name war

3 (c) Social Security Account  
No.

4. Sex

male

5. Color or race

white

6 (a) Single, married, widowed, or  
divorced:  
married-separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 18848. AGE: Years Months Days If less than one day  
64 8 18 hr. min.9. Birthplace Baltimore, Maryland  
(Town, county, and state)10. Usual Occupation Laborer

11. Industry or business

12. Name John Lang13. Birthplace Bavaria14. Maiden Name Sophie Egner15. Birthplace Germany16 (a) Informant Spring Grove Hosp. Records

(b) Address

17 (a) Burial (b) Date thereof 11/29/48  
(Burial, cremation, or removal) (month) (day) (year)(c) Cemetery or crematory Baltimore  
Location Balco. Md.18 (a) Funeral director C. J. Fanning & Son(b) Address 1938 E. Lafayette Ave.19 (a) Nov 29, 1948 (b) A. W. Hedrick  
(Date rec'd by registrar) (Signature) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 26, 1948, at 10.15a

21. I certify that I took charge of the remains described above, held an  
Autopsy thereon and from the evidence obtained  
 Autopsy, Inspection or Inquiry  
 by said Autopsy, Inspection or Inquiry, find that said deceased came  
 to his death on the day stated above, and death in my  
 opinion resulted from: natural causes ☒, accident ☐, suicide ☐,  
 homicide ☐, undetermined ☐ and that the causes of death were:

## IMMEDIATE CAUSE OF DEATH

Coronary arteriosclerosis  
Myocardial degeneration  
and tearing  
 Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of  
death, fill in the following:

- (a) Date of injury at M.  
 (b) Where did injury occur?  
 (c) Did injury occur at home, on farm, industrial place, in public  
 place? While at work?  
 (d) Means of injury

23. Signature George G. Merrill M.D.Date signed 11/26/48

Medical Examiner.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The  
 correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## CERTIFICATE OF DEATH

Registered No. 115801

1. PLACE OF DEATH: HOWARD Co.  
 (a) Baltimore City, Maryland  
 (b) Street address Ellicott City, Maryland  
 (c) Hospital or institution: Pinel Clinic  
 (d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days  
 (e) Length of stay in Baltimore (yrs., mos., or days) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Maryland (b) County \_\_\_\_\_  
 (c) City or town Baltimore  
 (If outside city or town limits, write RURAL and give town)  
 (d) Street No. 122 Collins Avenue (If rural give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3 (a) FULL NAME HOWARD W. RING

3 (b) If veteran, name war \_\_\_\_\_ 3 (c) Social Security Account No. 214-14-4019

4. Sex M 5. Color or race W 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife \_\_\_\_\_  
 6 (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 10, 1918

8. AGE: Years 30 Months 6 Days 2 If less than one day 2 hr. min.

9. Birthplace Baltimore, Maryland  
 (Town, county, and state)

10. Usual Occupation Transfer

11. Industry or business Self

FATHER 12. Name Wesley W. Ring

13. Birthplace Anne Arundel County, Md.

MOTHER 14. Maiden Name Susie May Shubbard

15. Birthplace Baltimore, Maryland

16 (a) Informant Wesley W. Ring

(b) Address 5221 Arbutus Avenue

17 (a) Burial (b) Date thereof 11/15-48  
 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory London Pk  
 Location Fredrick Rd

18 (a) Funeral director Edward Toulson

(b) Address 2359 Washington Boulevard

19 (a) Nov 13 48 (b) A. W. Hedrick  
 (Date rec'd by registrar) (Registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 12, 1948 at 10:00 M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐ and that the causes of death were:

## IMMEDIATE CAUSE OF DEATH

Dilatation of heart  
Edema of lungs and brain  
Due to Ascites

Other Conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☒ cause of death, fill in the following: Electric shock therapy.

(a) Date of injury 11/12/48 at 10:30 M.

(b) Where did injury occur? Pinel Clinic

(c) Did injury occur at home, on farm, industrial place, in public place? Pinel Clinic While at work? No  
Ellicott City, Md.

(d) Means of injury Following Electric shock treatment.

23. Signature George B. Merrill M.D.

Date signed November 13, 1948 Medical Examiner.

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 191

## 1. PLACE OF DEATH:

County HowardCity or town Elkridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

1956 Furnace AveHow long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County -City or town -  
(If outside city or town limits, write RURAL and give nearest town)Street No. -  
(If rural, give LOCATION)2.(a) If veteran, name war -

## 3. (a) FULL NAME

Albert Franklin Taylor

## 3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

col

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Rosie Mary Taylor

7. Birth date of

deceased (mo., day, yr.)

Feb 9 18856.(c) If alive, give age 67 years

8. AGE:

Years

Months

Days

If less than one day

63 9 1 hrs. - min.

9. Birthplace

Davidsonville, Md  
(Town, county, and state)

10. Usual occupation

Tolson

11. Industry or business

Various

FATHER

12. Name

Spencer Taylor

13. Birthplace

Caroline S. Va.

MOTHER

14. Maiden name

Marshall and Hilary

15. Birthplace

Davidsonville, Md

16. Informant

Rosie M. Taylor wife

Address

1956 Furnace Ave, Elkridge, Md

17. Burial

Funeral Date thereof Nov 11 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Arbutus Memorial

Location

-

18. Funeral director

Mr. Katie R. Williams

Address

322 N Schroeder St

19. no 9 19 48 A.W. H. such

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 1948 at 8:20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 1 1948 to Nov 8 1948and that I last saw him alive on Nov 8 1948

Immediate cause of death

MyocardialinfarctionDue to arteriosclerosisDue to hypertensionOther conditions Residual

(Include pregnancy within 3 months of death)

Major findings of operations noneDate of op. -Autopsy results yes

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of Injury - Injured at work? -

23. SIGNATURE

M. B. BrownAddress Elkridge, Md Date signed 11/8/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of

age shown on:

FILM No. G 118 DEC 20 1948

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11522

Reg. Dist. No. 191 192

## 1. PLACE OF DEATH:

County Howard  
 City or town West Friendship  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard  
 City or town West Friendship  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

John Clyde Thomas

## 3.(b) Social Security Number

4. Sex M 5. Color or race C 6.(4) Single, married, widowed, or divorced married6.(b) Name of husband or wife Wesley Bell Thomas

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age \_\_\_\_\_ years

1907

8. AGE: Years Months Days If less than one day

4142hrs.min.9. Birthplace Howard Co Md  
(Town, county, and state)10. Usual occupation Farmer Laborer

11. Industry or business

12. Name George Thomas13. Birthplace md14. Maiden name unknown

15. Birthplace

16. Informant Leonard Honey  
Address Sykesville Md17. Burial Date thereof 12-4-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory West LibertyLocation Alpha Md18. Funeral director J.C. HigginbothamAddress Ellicott City Md19. Dec 4 19 48 John B. Longman  
(Date rec'd by registrar) (month) (day) (year) RegistrarPu. B. E. 2

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 48 at 3 15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 30 19 48 to November 30 19 48and that I last saw him alive on at no time

Immediate cause of death

DURATION

Acute myocardial degeneration 12 hrDue to Acute Alcoholism 1 day

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other

Address Alpha N. Herbert M.D.  
Ellicott City Md Date signed 11-30-48

RECEIVED

DEC 10 1948

BUREAU V. S.